

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for date of service, 02/11/02.  
b. The request was received on 06/07/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial TWCC 60
    1. EOB
    2. HCFA-1500
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome
2. Respondent, Exhibit II:

There is no Carrier initial or 14 day response to this medical fee dispute in the file. The Division mailed an acknowledgement letter to the carrier on 06/18/02 reporting that the request for a dispute for medical resolution had been filed.
3. The case file does not contain the additional information that was requested from the provider on 07/11/02 as required by Rule 133.307 (g) (3). Without the additional information from the provider, the Division cannot comply with Rule 133.307 (g) (4). The carrier should have received a copy of the request for additional information mailed to the provider on 07/11/02.

### **III. PARTIES' POSITIONS**

1. Requestor: 05/15/02:

“We sent a Request for Reconsideration and it has been over 28 days of our submission....In this package you will find that we have stated our position substantively for each claim or date of service that was not paid in full....We take pride in the thoroughness of our documentation process. We also pay special attention to always provide documentation to justify the medical necessity of our services....According to the Medical Fee Guidelines on page 19, CPT code 99213 is an office or other outpatient visit for the evaluation and management of an established patient...”
2. Respondent: No Response

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 02/11/02.
2. The amount billed per the TWCC-60 is \$48.00; the amount paid per the TWCC-60 is \$0.00; the amount in dispute per the TWCC-60 is \$48.00.

#### **V. RATIONALE**

Medical Review Division's rationale:

The Requestor submitted a HCFA-1500 reflecting a charge for CPT Code 99213, an office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity...”

The carrier denied the service in dispute by exception code, “F – RBIL REBILLING BY THE HEALTH CARE PROVIDER SHALL INCLUDE IDENTICAL CODES AND CHARGES ON THE ORIGINAL BILL. THE BILL SHALL BE CLEARLY MARKED ‘REBILL’ AND SHALL NOT INCLUDE CHARGES FOR NEW SERVICES PER RULE 134.800 E.”

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the service was rendered as billed. After review of the dispute file, no documentation was found to support the services billed in accordance with Rule 133.307 (g) (3) (B). Therefore, no reimbursement is recommended.

The above Findings and Decision are hereby issued this 7th day of November 2002.

Donna M. Myers  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm